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HOW TO MAKE A PATIENT COMFORTABLE

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The modern nurse is educated to be an intelligent assistant to the doctor and to give him precise and valuable information. She acquaints herself with the disease she is nursing, and with the method which the doctor follows. The individual who waits upon the sick because she lacks intelligence to do anything else, is now obsolete. Yet, her success or her failure is largely dependent upon whether she is capable of making her patient comfortable.

What is the cause of discomfort? An ache, a pain or a state of mind. Therefore, comfort is mental as well as physical. As a consequence, the nurse's first duty is to become acquainted with her patient, her tastes and distastes. This she must not accomplish by putting her through a series of questions in which she is to state all her idiosyncrasies and habits, but rather, the nurse must be alert and find out for herself. Numerous methods which make for comfort, must be constantly kept in mind, as no cut and dried rule can be laid down for her to follow. A soft pillow is pleasing to one person, while it makes another irritable.

The method of procedure is important. In general, where it is possible, the patient should not be awakened too early in the morning. If she already is awake, the breakfast hour is immaterial—somewhere between seven and nine a. m. Nothing should be done before breakfast except a temporary straightening of the bed, the patient's hands and face sponged, and her teeth cleansed; an alkaline antiseptic will aid in keeping her mouth in good condition.

From one-half to one hour after breakfast, treatments,—as enemas, etc., may be given, followed by a bath; not a slipshod patch bath, but the kind in which the skin senses the presence of soap and water. Of course a tub bath is preferable whenever possible. To insure comfort, the hair must be well kept. If she has not been previously accustomed to it, it will be well that she learn to value the comfort of a daily manicure. The bed must be made carefully; an accordin pleated draw-sheet would hardly be appreciated by the most artistically inclined patient.

Pillows will do wonders if properly adjusted; the limbs or any part of her person which needs support may be comfortably propped with pillows. A support against which to brace the feet will often be

appreciated. If she is convalescing and able to read, her elbows as well as her book should rest on pillows. Plenty of fresh air and sunshine is invaluable, although, of course, direct sun rays and draughts must be avoided. Unless liquids are restricted, a plentiful supply of cold water must always be within reach. After these things have been attended to, the room may be put to order. Unless she be of slovenly nature, a tidy room will go far toward making a patient feel that she is in restful surroundings.

A good nurse will have done all this systematically; she knows what step to take first, and how to avoid covering the same ground twice. If she flits back and forth around the foot of the bed a dozen times while she is making it, she is in great danger of making an impression that she is chasing invisible butterflies. Provided she is not too ill, the situation might appeal to the patient's sense of humor, but could scarcely be said to add to her comfort.

Throughout the day the nurse will remember that the patient's position will require frequent changing, that she will need a period of sleep and, provided she is a convalescent, a period of recreation, etc. That she will under any conditions and at all times need a cheerful, courageous smile and a well balanced sympathetic attitude, is a small matter which, if not natural, can be cultivated by the nurse, making the patient feel that her care has been placed in the hands of a competent person interested in her welfare. What thought could be more comforting?

In short, in order to make another comfortable, the nurse must have a liberal supply of good, common sense to draw upon, and fit it to the needs of each situation as it arises. Even with this tact, she will accomplish nothing unless she is purely unselfish in her motives and deeds; but properly directed, it will mean the realization of all that can be done in relieving mental and physical aches and pains.

HOW TO BE FAIR TO YOUR FEET

These are some of the most important shoe sins: (1) Arches, (2) curving inner edges, (3) pointed toes, (4) high heels, (5) tight fitting, (6) poor fitting.

And these are a few of the impairments they produce: (1) Bad posture, (2) weak abdominal muscles resulting from bad posture, (3) fatigue, (4) nervousness, (5) deformation of the foot, (6) impaired circulation.

The day will come when the narrow, high-heeled shoe will be unanimously derided and will look as out of place as would a crinoline and hooped skirt in the subway. The untrammelled toes of the baby and primitive man are the perfect models. If the modern shoe was even beautiful since it cannot be comfortable, our suffering might not seem so absurd. But just watch people crossing a street and mentally compare their staccatto hops and affected jerks with the rhythmic swing of the savage. Grace is his because he has flexible, broad and strong support for his weight. As you ride down town in the car take a shoe census and see how many well-shaped feet you see and how many well-fitting shoes?—From the Health Letter of the Life Extension Institute, New York City.